

# Donation Form



Print this file, fill it out in ink and mail to: OSSO, P.O. Box 345, Rexburg, ID 83440

**THIS DONATION FORM IS NOT NEEDED BY SPONSORS OF VOLUNTEERS FOR USE WITH CHECKS.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt # City State Zip Code

Primary Phone ( ) \_\_\_\_\_ Secondary Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Where

MARK ALL THAT APPLY.

Please use my donation for:

- where there's the greatest need
- in Cuenca, Ecuador (we provide support for 7 orphanages and a daycare in Cuenca)
- in Quito, Ecuador (we provide support for 5 orphanages and a children's hospital in Quito)

## Direct Orphanage Support

\*to see descriptions of each category, please go to <https://secure.eznettools.net/orphanagesupport.org/donationform.html>

Check the categories\* below where you would like your donation used (mark all that apply).  
*If you check more than one and would like to specify how much to each category, please explain in the comments section below. Also, use the comments section to explain any special requests.*

- USE MY DONATION WHERE THERE'S THE GREATEST NEED
- PERSONNEL/STAFF
- NUTRITION
- PHYSICAL FACILITIES
- GENERAL HEALTH/MEDICAL
- EDUCATION
- RECREATION/SPECIAL ACTIVITIES/FIELD TRIPS
- CLOTHING

Please add any comments or specific instructions you would like to make about your donation; we will try to accommodate all reasonable requests.

\_\_\_\_\_

## Other Donation

PLEASE USE MY DONATION FOR ANOTHER TYPE OF NEED (non-direct orphanage support related)

- if you would like to **sponsor a volunteer** with your credit card, please add an additional 3% to the sponsorship amount, as this is what we are charged to process credit cards; if you're sponsoring a volunteer, please put their name in the space below so that your donation can be properly attributed and applied to their account—*this donation form is not needed by sponsors of volunteers for use with checks*

Please add any comments or specific instructions you would like to make about your donation; we will try to accommodate all reasonable requests.

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**TOTAL AMOUNT OF DONATION:** \$ \_\_\_\_\_

## Payment Information

Please bill my credit card according to the above specification(s) and amount (all amounts in U.S. dollars).

Card Type:     Visa             MasterCard

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_  
Month/Year

3-digit Number on back of card \_\_\_\_\_

Name as Shown on Card \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Billing Phone Number for Card (    ) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

authorizing this credit card to be charged per agreement herein

I plan on paying by check for the above specification(s) and amount.

\* If paying by check (OSSO accepts personal checks, cashier's checks and money orders in U.S. dollars), please include check (made out to OSSO) for full sponsorship amount along with the filled out sponsorship paperwork and mail to:

OSSO  
P.O. Box 345  
Rexburg, ID 83440

**PLEASE NOTE: Orphanage Support Services Organization (OSSO) is a U.S. nonprofit 501(c)(3) charitable organization, Federal Tax ID #82-0507523; for U.S. residents, donations to our organization may be tax deductible—consult with your tax advisor to find out how these donations can benefit your tax planning.** Receipt stating tax deductibility of your contributions for the whole year will be sent out at the end of the year (the following January by the 31st actually)